

| | | | | |
|-----------------------------|-------------------------|---------------------------------|---|---------------------|
| SERIAL NUMBER 09/270,639 | FILING DATE 03/15/99 | CLASS 1348 701 | GROUP ART UNIT 2953 3661 | ATTORNEY DOCKET NO. |
|-----------------------------|-------------------------|---------------------------------|---|---------------------|

APPLICANT

THOMAS W. FERGUSON, BELLAIRE, OH.

CONTINUING DOMESTIC DATA*** *none*
VERIFIED

MP

371 (NAT'L STAGE) DATA*** *none*
VERIFIED

MP

FOREIGN APPLICATIONS*** *none*
VERIFIED

MP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED C4/07/99 ** SMALL ENTITY **

| | | | | | | |
|---|--|--|-------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY OH | SHEETS DRAWING 4 | TOTAL CLAIMS 6 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged <i>MP 5/23/00</i> <small>Examiner's Initials</small> | | | <small>Initials</small> | | | |

ADDRESS

THOMAS W FERGUSON
54861 HIGH RIDGE ROAD
BELLAIRE OH 43906

TITLE

CRASH
VEHICLE DATA RECORDER

| | | |
|----------------------------------|---|---|
| FILING FEE RECEIVED \$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|----------------------------------|---|---|